

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

**EB - Amendment -**  
**STATEMENT OF ECONOMIC INTERESTS**  
FAIR POLITICAL PRACTICES COMMISSION  
**COVER PAGE**  
**2012 MAR 13 PM 2:42**

**RECEIVED**

Date Received  
**MAR 12 2012**

BY: BZH

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
HALL ISADORE

**1. Office, Agency, or Court**

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

52nd District

Your Position

Assembly Member

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Office sought, if different than Part 1: \_\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/9/12  
(month, day, year)

(c)(1)

711-  
3/13/12 EB



**SCHEDULE D**  
**Income – Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

► NAME OF SOURCE

California Legislative Black Caucus Policy Institute

ADDRESS (Business Address Acceptable)

State Capitol, Room 2057, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legislative

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/16/11	\$ 280.00	Spa Treatment

____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

**Filer's Verification**

Print Name Isadore Hall

Office, Agency  
or Court California State Assembly

Statement Type ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving  
☐ \_\_\_\_\_ Annual ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I c (c)(1)  
Ca under the laws of the State of  
and correct.

Da 3/9/2012  
(day, year)

File

Comments: \_\_\_\_\_

FPPC  
3/13/12  
EB



**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE  
California Legislative Black Caucus Policy Institute  
ADDRESS (Business Address Acceptable)  
State Capitol, Room 2057  
CITY AND STATE  
Sacramento, Ca 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
Legislative  
DATE(S): 10 / 16 / 11 -        /        /        AMT: \$ 1,882.00  
(If gift)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
☒ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
Accommodations and meal

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
\_\_\_\_\_  
DATE(S):        /        /        -        /        /        AMT: \$         
(If gift)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
\_\_\_\_\_

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
\_\_\_\_\_  
DATE(S):        /        /        -        /        /        AMT: \$         
(If gift)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
\_\_\_\_\_

**Filer's Verification**

Print Name Isadore Hall  
Office, Agency  
or Court California State Assembly  
Statement Type ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving  
☐ Annual ☐ Candidate  
(yr)  
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  
I certify (c)(1)  
Calif \_\_\_\_\_ Laws of the State of  
Date 3/9/2012  
Filer's \_\_\_\_\_  
3/9/2012

Comments: \_\_\_\_\_

FEB 27 2012

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**  
 FAIR POLITICAL PRACTICES COMMISSION  
**COVER PAGE**
BY: Colgan

Please type or print in ink.

2012 FEB 28 PM 3:24

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

HALL

ISADORE

N/A

**1. Office, Agency, or Court**

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

52nd District

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**☒ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☐ County of \_\_\_\_\_☐ City of \_\_\_\_\_☐ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)**☒ Annual: The period covered is January 1, 2011, through December 31, 2011.☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 6☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

(c)(1)

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

2/24/12  
(month, day, year)

(c)(1)

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

ISADORE HALL, III

► NAME OF SOURCE

Anheuser Busch Companies

ADDRESS (Business Address Acceptable)

1201 K Street, Ste 730, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Alcohol/Beverage

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 14 / 11	\$ 52.96	Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

Astellas Pharma US, Inc.

ADDRESS (Business Address Acceptable)

Three Parkway North, Deerfield, IL 60015-2537

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Pharmaceutical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 11	\$ 55.10	Meal**
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

The Bicycle Casino

ADDRESS (Business Address Acceptable)

7301 Eastern Ave., Bell Gardens, CA 90201-4503

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 10 / 11	\$ 253.20	Meal
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

California Building Industry Association

ADDRESS (Business Address Acceptable)

1215 K Street, Ste 1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Housing construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 31 / 11	\$ 200.00	Tks/Speakers Roast
8 / 24 / 11	\$ 24.79	Lunch
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st St., Ste 200, Sacramento, CA 95811-5521

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 8 / 11	\$ 117.09	Caucus Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

California Healthcare Institute

ADDRESS (Business Address Acceptable)

1215 K Street, Ste 940, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 11	\$ 55.10	Meal**
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: \*\*Cost of meal shared by 3 organizations on 11/14/11

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

ISADORE HALL, III

► NAME OF SOURCE

California Manufacturers & Technology Assoc.

ADDRESS (Business Address Acceptable)

1115 11th St., Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Manufacturing & Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 11	\$ 55.10	Meal**
/  /	\$	
/  /	\$	

► NAME OF SOURCE

DIAGEO

ADDRESS (Business Address Acceptable)

1101 38th St., Sacramento, CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Alcohol/Beverage Distributor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 25 / 11	\$ 26.63	Entertainment
09 / 01 / 11	\$ 40.00	Entertainment
/  /	\$	

► NAME OF SOURCE

Edwards Lifesciences LLC

ADDRESS (Business Address Acceptable)

one Edwards Way, Irvine, CA 92614

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health/Hear monitoring equipment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 11	\$ 55.12	Meal**
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Feld Entertainment, Inc.

ADDRESS (Business Address Acceptable)

8607 Westwood Center Dr., Vienna, VA 22182

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Entertainment/amusement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 21 / 11	\$ 100.00	Tickets to Circus
/  /	\$	
/  /	\$	

► NAME OF SOURCE

John A. Perez for Assembly

ADDRESS (Business Address Acceptable)

777 S. Figueroa St Ste 4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 09 / 11	\$ 84.30	Jacket
02 / 08 / 11	\$ 10.00	Beverage
/  /	\$	

► NAME OF SOURCE

Majestic Realty Co

ADDRESS (Business Address Acceptable)

13191 Crossroads Pkwy No., City of Industry, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Retail construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 28 / 11	\$ 450.00	Concert Tickets
/  /	\$	
/  /	\$	

Comments: \*\* Cost of meal on 11/14/11 shared - 3 organizations

**SCHEDULE D**  
**Income – Gifts**

Name

ISADORE HALL, III

► NAME OF SOURCE

San Manuel Band of Mission Indians

ADDRESS (Business Address Acceptable)

777 San Manuel Blvd., Highland, CA 92346

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Indian Affairs/Gambling

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

11 / 10 / 11 \$ 140.00 Concert Tickets

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

► NAME OF SOURCE

Los Angeles Turf Club, Inc.

ADDRESS (Business Address Acceptable)

285 W. Huntington Dr., Arcadia, CA 91066-6014

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Horse Racing

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

2 / 18 / 11 \$ 64.75 Lunch

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

► NAME OF SOURCE

Valeto Services, Inc.

ADDRESS (Business Address Acceptable)

2600 Arden Way, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Auto Services

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

8 / 22 / 11 \$ 69.50 Meal

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

► NAME OF SOURCE

Yoche Dehe Wintun Nation

ADDRESS (Business Address Acceptable)

18960 County Rd 75A, Brooks, CA 95606

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Indian Affairs/Gambling

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

1 / 26 / 11 \$ 105.58 Meal

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

► NAME OF SOURCE

The Brotherhood Crusade

ADDRESS (Business Address Acceptable)

200 e. Slauson Ave., Los Angeles, CA 90011

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Charitable

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

11 / 4 / 11 \$ 200.00 2Tks - Awards Dinner

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

► NAME OF SOURCE

Felipe Fuentes

ADDRESS (Business Address Acceptable)

State Capitol, Rm 211, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

1 / 31 / 11 \$ 126.77 Dinner

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

Comments:

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

ISADORE HALL, III

► NAME OF SOURCE

Southern California Contractors Association

ADDRESS (Business Address Acceptable)

6055 E. Washington Blvd.; Ste 200, L.A., CA 90040

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Housing contractors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 12 / 11	\$ 250.00	Comp tickets
11 / 12 / 11	\$ 50.00	Recognition Plaque
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_



**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>ISADORE HALL, III</u>

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE <u>City of Los Angeles, Mayor's Office</u>	
ADDRESS (Business Address Acceptable) <u>1400 K Street, Suite 208</u>	
CITY AND STATE <u>Sacramento, CA 95814</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Governmental</u>	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>01 / 01 / 06</u> - <u>30 / 11</u> AMT: \$ <u>\$120.00</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input checked="" type="checkbox"/> Other - Provide Description <u>Complimentary airport parking and shuttle services for elected officials</u>	

▶ NAME OF SOURCE <u>California Independent Voter Project</u>	
ADDRESS (Business Address Acceptable) <u>2350 Kerner Blvd., Ste 250</u>	
CITY AND STATE <u>San Rafael, CA 94901</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Social Welfare, IRC(c)(4) organization</u>	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>11 / 13 / 11</u> - <u>11 / 18 / 11</u> AMT: \$ <u>2,688.31</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>Accommodations, meals &amp; beverages in connection with making a speech, not subject to gift limits.</u>	

▶ NAME OF SOURCE <u>California Issues Forum</u>	
ADDRESS (Business Address Acceptable) <u>1717 I Street</u>	
CITY AND STATE <u>Sacramento, CA 95811</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Nonprofit/Political</u>	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>08 / 22 / 11</u> - <u>    /    /    </u> AMT: \$ <u>\$95.00</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>Meal associated with participation as Speaker/Panelist</u>	

▶ NAME OF SOURCE <u>Nat'l Organization of Black Law Enforcement Execs.</u>	
ADDRESS (Business Address Acceptable) <u>4609-F Pinecrest Park Dr.</u>	
CITY AND STATE <u>Alexandria, VA 22312-1442</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Law Enforcement</u>	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>3 / 12 / 11</u> - <u>    /    /    </u> AMT: \$ <u>\$150.00</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>Meal associated with participation as Guest Speaker</u>	

Comments: \_\_\_\_\_